

## STATE OF NEW HAMPSHIRE

### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

**PLEASE PRINT** 

RECEIVED

JUL 2 4 2018

I. Name of Lobbyist(s) Stuart D. T	NEW HAMPSHIR DEPARTMENT OF S				
II. Name of lobbyist's partnership, fir	m or corporation, if a	ny:			
(Name of partnership,	firm or corporation)				
Two Eagle Square, Suite 300	Concord	NH	03301		
Business Address: (Street)	(Town/City)	(State)	(Zip Code)		
(603) 520-0822 (603)	)	email strachy@aol.com			
(603) 520-0822 (603)	(Fax)				
III. This statement covers: (Choose or reportable expense transactions which All reportable transactions occurring	n are not attributable t	to any one client).			
NH Chapter - National Association of Social Workers  (Full Name of Client as it appears on the Lobbyist Registration Form)					
OR All reportable transactions by the lunrelated to any particular client.		, ,	listed below which are		
IV. Date of Report April 25, 2018 Reports cover: activity from date of re October 31, 20 activity from 7/1/18	gistration to 3/31/18	July 25, 2018 <b>★</b> activity from 4/1/18 to 6/30/18  January 30, 2019 □  activity from 10/1/18 to 12/31/18			
V. There have been no fees received a If this box is checked, complete just this Concord, NH 03301.	nd no reportable trans form and submit it to th	sactions made since the last report. he Secretary of State's Office, State Ho	Duse, Room 204,		
If you have paid an honorarium Expense Reimbursement	ade expenditures, you r m or reimbursed expens	must file Addendum A— Fees and Exses, you must file Addendum B— Repontributions, you must file Addendum	ort of Honorariums or		
Sworn Statement/Affirmation by Lob I have read RSA 15, RSA 15-B and RSA the best of my knowledge and belief.  (Signature of lobbyist)  Stuart D. Trachy	byist A 664 and hereby swear	or affirm that the foregoing informat			
(Print Name of lobbyist)					



#### STATE OF NEW HAMPSHIRE

#### **Lobbyists Fees and Expenses** Addendum A

(RSA Chapter 15:6)

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JUL 24 2018

•	I. N	iame of Lobbyist(s) Stuart D. Trachy		DEPARTMENT OF
5	11.	Name of lobbyist's partnership, firm or corporation, if any:		
	_	(Name of partnership, firm or corporation)		
	III.	Name of Client NH Chap National Assoc. of Social Workers	Date <u>July 17, 2018</u>	
₹ 1	Ind incl	Fees Received icate the gross amount of all fees received from the client identified above th uding fees for services such as public advocacy, government relations, on itoring legislation, and related legal work. The gross fee amount reported sha	or public relations s	ervices including research
	a)	Total of all fees received in this reporting period	a) \$ 2250	
	b)	Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year	b) \$ <u>2250.</u> r)	
	c)	Total of all fees received to date (Add lines a and b)	c) <b>\$</b> <u>4500.</u>	
	d)	Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	
	Lob repo unre cate and mea give less any to b	Expenses:  Obyist(s)/Lobbying partnerships, firms, or corporations are required to report orts are to be filed for expenditures made relative to each client and if expenditures of expenses:  (a) the aggregate total of all expenses paid during the reportion of expenses;  (b) the aggregate total of all individual expenses where the als purchased during a business lunch where the cost was \$25.00 or less, purelent to the person being lobbied, purchase of a ceremonial object given to a covered by (a) (for example: purchase of a meal with value of going given to the subject of lobbying with a value greater than \$25, but not great eption). Expenses for honorariums, expense reimbursement, or political contrashould not be reported on Addendum A.	ditures are made by rm. Expenses are to orting period for sala expenditure was of shase of a pen with a v person being lobbied, this reporting period reater than \$25, pure ter than \$50, restaurant	the lobbyist(s)/firm that and be reported in one of three uries, benefits, support staff (25.00 or less (for example value of less than \$10 that is with a value of \$25.00 of of greater than \$25.00 for hase of a ceremonial object that expenses for a legislative
	a)	Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>2218.50</u>	
	b)	Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$	

c) \$ \_\_\_\_

c) Total of all itemized expenditures reported in detail in section VI.

d)	Total expenses for this reporting period (Add lines a, b and c)	d) \$ 2218.50
	(Add titles a, b and c)	
c)	Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>2213.33</u>
f)	Total of all expenses year to date	F) \$ 4431,83
Pro	Other Expenses: vide the following detail for all expenditures of more than \$25 made from lob uding by whom paid or to whom charged.	bying fees during this reporting period,
Paid	<b>1</b> :	Amount:
		\$
		\$
		\$
_		\$
		\$
		\$
**-		
Sw	orn Statement/Affirmation by Lobbyist	
l ha	ve read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the ue and complete to the best of my knowledge and belief.	foregoing information
(Sig	nature of lobbyist)  July	17, 2018 (Datc)
	nart D. Trachy nt Name of lobbyist)	

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NEW HAMPSHIRE DEPARTMENT OF STATE